To: Prospective Applicants for a Minor Industrial Wastewater Permit

Attached is a **Minor Industrial Wastewater Permit Application (MIW),** for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program under the Clean Water Act. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Two copies (one original and one copy) of your **completed application**, each with a marked **U.S.G.S. Quadrangle map** or equivalent attached, should be submitted to:

Mailing Address:
Department of Environmental Quality
Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
Attention: Water Permits Division

Physical Address: (if hand delivered)
Department of Environmental Quality
Office of Environmental Services
602 N. Fifth Street
Baton Rouge, LA 70802
Attention: Water Permits Division

Please be advised that completion of this application may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD
Office of Highways
Post Office Box 94245
Baton Rouge, LA 70804-9245
(225) 379-1927

AND

Louisiana DHH
Office of Public Health
Center for Environmental Health Services
Post Office Box 4489
Baton Rouge, LA 70821-4489
(225) 342-7395

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

For questions regarding this application, please contact the Water Permits Division at (225) 219-3181. For help regarding completion of this application, please contact DEQ, Small Business/Small Community Assistance at 1-800-259-2890.

The following Primary Industrial Categories may not fill out the MIW application:

Primary Industry Category
Coal Mining
Explosives Manufacturing
Foundries
Gum and Wood Chemicals (all subparts)
Inorganic Chemicals Manufacturing
Iron and Steel Manufacturing
Primary Industry Category
Leather Tanning and Finishing
Mechanical Products Manufacturing
Nonferrous Metals Manufacturing
Ore Mining (all subparts)
Organic Chemicals Manufacturing
Pesticides
Petroleum Refining
Pulp and Paper Mills
Rubber Processing
Soap and Detergent Manufacturing
Steam Electric Power Plants
Timber Products Processing

For more information, please contact the Water Permits Division at (225) 219-3181.

Date _____

Please check: ☐ Initial Permit
☐ Permit Modification
☐ Permit Renewal

Agency Interest No. AI _____
LWDPS Permit No. WP _____
NPDES/LPDES Permit LA _____

Please check: ☐ Proposed Facility
☐ Existing Facility

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Water Permits Division
Post Office Box 4313
Baton Rouge, LA 70821-4313
PHONE#: (225) 219-3181

LPDES APPLICATION TO DISCHARGE WASTEWATER FROM MINOR INDUSTRIAL FACILITIES

(Attach additional pages if needed.)

SECTION I - FACILITY INFORMATION

A. Permit is to be issued to the following: (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant (Company, Partnership, Corporation, etc.) _____

Facility Name _____

Mailing Address _____

_____ Zip Code: _____

If applicant named above is not also the owner, state owner name, phone # and address.

_____

_____

Please check status: ☐ Federal ☐ State ☐ Parish ☐ Public ☐ Municipal ☐ Private ☐ Other: _____

2. Location of facility. Please provide a specific address, street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the application is being submitted.

_____

City _____ Zip Code: _____ Parish _____

Front Gate Coordinates:

Latitude- _____deg. _____min. _____sec. Longitude- _____deg. _____ min. _____sec.

Method of Coordinate Determination: _____
(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands? ☐ Yes ☐ No

SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility _____

   Phone _____ Fax _____ e-mail _____

   SIC (Standard Industrial Classification) Code(s): _____

   SIC codes can be obtained from the U. S. Department of Labor internet site at http://www.osha.gov/oshstats/sicser.html

B. Name and address of responsible representative who completed the application:

Name & Title _____

Company _____

Phone _____ Fax _____ e-mail _____

Address _____

C. Facility Information.

1. Facility Type _____ (cannery, dairy, etc.)
2. Water Discharge Permit Revision (if applicable): Describe the requested revision to the existing permit.

_____

_____

_____

_____

_____

_____

3. Source of water supply in gallons per day. List each source giving quality such as fresh, brackish, salt, hard, or soft; and give breakdown as to how each source is used.

_____

_____

_____

_____

_____

4. Reportable Quantity Releases: As defined in 40 CFR 110, a Reportable Quantity (RQ) release of oil is "the amount of oil that violates applicable water quality standards or causes a film or sheen upon, or a discoloration of, the surface of the water or adjoining shorelines or causes a sludge or emulsion to be deposited beneath the surface of the water or upon adjoining shorelines." The RQs for other substances are listed in 40 CFR 117.3 and 302.4. If this is an oil and gas extraction facility (SIC codes 1311, 1321, 1381 – 1389, or 2911) has there been a RQ release of oil or hazardous substances since November 16, 1987?

☐ Yes ☐ No

SECTION I - FACILITY INFORMATION (cont.)

D. Facility Operations.

1. Describe the processes used which produce industrial wastes discharged into waters of the State. Please explain the operations in your facility in a comprehensive fashion. Include a description of the composition of any cooling water additives. If you are a producer of a product, what steps are taken to produce that product, especially those that generate a waste stream? If you are provider of a service, be specific (give quantitative values where possible, i.e. a physical measure of the amount of business you do in an average day, week, or month) about what the service is, how it is provided, and how it generates wastewater. Attach extra sheets if space below is insufficient. If appropriate, make processes coincide with sources identified in Section II.

2. Products/Services

3. Raw Materials

4. Guideline/Production. If an effluent guideline applies to the applicant and is expressed in terms of production (or other measure of operation), a reasonable measure of the applicant's actual production for each product reported in pounds per year, or other applicable units, is necessary. A reasonable measure of actual production may be either the maximum 30-day average production of the previous year, or the monthly average for the highest of the previous five years. For new sources or new discharges, actual production may be estimated using projected production for the first two years.

Guideline (Citation)	Production	Unit

5. Disposal. List any solid or liquid waste disposal methods and facilities. Include a description of the ultimate disposal of any solid or fluid wastes that are disposed of other than by discharge.

SECTION I - FACILITY INFORMATION (cont.)

E. Facility History

1. Date operations began at this site: _____
2. If a proposed facility, provide the anticipated date of startup. _____
3. Is the current operator the original operator? ☐ Yes ☐ No
4. If this is new construction, describe the site property prior to construction. For example, was it undisturbed or was there a previous structure on the site? What was the size of the site?

_____

_____

5. Is this facility located in a designated industrial area? ☐ Yes ☐ No

F. Other Permit History

Facilities located in the Louisiana Coastal Zone as mapped by the Louisiana Department of Natural Resources (LDNR) (http://sonris.com/direct.asp) must provide verification that the company has either obtained a Coastal Use Permit or is not required to obtain a Coastal Use Permit.

1. Is this facility located in the Louisiana Coastal Zone as mapped by LDNR? ☐ Yes ☐ No

If yes:

2. Do you have a Coastal Use Permit issued by DNR: ☐ Yes ☐ No

   If yes, please list your Coastal Use Permit no. _____

3. Are there any operations at the facility that may impact coastal waters such as any project involving dredge or fill, water control structures, bulkheads, oil and gas facilities, marina or residential development?

   ☐ Yes ☐ No

   If **yes**, you must contact DNR for a determination (888) 792-0432 or HelpDeskDNR@la.gov.

   I have contacted LDNR and this facility is not required to obtain a Coastal Use Permit. ☐

   If a Coastal Use permit is required, an application was submitted on: _____

SECTION II - DISCHARGE INFORMATION

A. OUTFALL IDENTIFICATION

Provide a description of all operations contributing wastewater to the effluent for the outfall including process wastewater, sanitary wastewater, and cooling water and the average flow contributed by each operation.

Outfall No	Operation Contributing Flow	Treatment Method	Average Flow (gpd)

Average Flow – The sum of all of the monthly average values measured over the previous two years divided by the number of monthly average values measured within the same period.

SECTION II – DISCHARGE INFORMATION (cont.)

B. STORMWATER

1. Are stormwater discharges covered by a stormwater General Permit ☐ Yes ☐ No

2. If yes, Stormwater discharge authorization number: _____

In accordance with LAC 33:IX.2511.A.1, storm water discharges shall not be required to obtain an LPDES permit "... except... discharges associated with industrial activity." In accordance with LAC 33:IX.2511.B.14.a-k, facilities classified as SIC code the following SIC codes are considered to have storm water discharges associated with industrial activity:

10	Metal Mining	34	Fabricated Metal Products, Except Machinery and Transportation Equipment**
12	Coal Mining	344	Fabricated Structural Metal Products
13	Oil & Gas Extraction	35	Industrial and Commercial Machinery and Computer Equipment**
14	Non-Metallic Minerals except Fuels	36	Electronic and Other Electrical Equipment and Components**
20	Food and Kindred Products**	37	Transportation Equipment**
21	Tobacco Products**	373	Ship and Boat Building and Repairing
22	Textile Mill Products**	38	Measuring, Analyzing, and Controlling Instruments; Photographic, Medical and Optical Goods; Watches and Clocks**
23	Apparel and Other Finished Products**	39	Miscellaneous Manufacturing Industries**
24	Lumber and Wood Products (except Furniture)	40	Railroad Transportation*
2434	Wood Kitchen Cabinets**	41	Local and suburban Transit and Interurban Highway Passenger Transportation*
25	Furniture and Fixtures**	42	Motor Freight Transportation and Warehousing*
26	Paper and allied Products	4221	Farm Product Warehousing and Storage**
265	Paperboard Containers and Boxes**	4222	Refrigerated Warehousing and Storage**
267	Converted Paper and Paperboard Products**	4225	General Warehousing and Storage**
27	Printing, Publishing and Allied Industries**	43	United States Postal Services*
28	Chemicals and Allied Products	44	Water Transportation*
283	Drugs**	45	Transportation by Air*
285	Paints and Allied Products**	4911	Steam Electric Generating Facilities
29	Petroleum Refining and Related Industries	5015	Motor Vehicle Parts (recycling)
30	Rubber and Miscellaneous Plastics Products**	5093	Scrap and Waste Materials
31	Leather and Leather Products**	5171	Petroleum Bulk Stations and Terminals*
3111	Leather Tanning and Finishing	HZ	Hazardous Waste Treatment Storage or Disposal
32	Stone, Clay, Glass, and Concrete Products	LF	Landfills, Land Application Sites, and Open Dumps
323	Glass Products, Made of Purchased Glass**	TW	Treatment Works with Design Flow of 1.0 MGD or more
33	Primary Metal Industries		

*which have vehicle maintenance shops, equipment cleaning operations, or airport deicing operations

**where material handling, equipment, or activities, raw materials, intermediate products, final products, waste materials, by-products, or industrial machinery is exposed to stormwater

SECTION II - DISCHARGE INFORMATION (cont.)

C. PROCESS WASTEWATER - Complete this part for each process wastewater discharge point. Process Wastewater is any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product.

1. Discharge Identification (ex. Dairy Processing Water - 001): _____
2. Give a brief description of the location of the process outfall. For example, Outfall 001 is located on the northeast corner of the facility. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

_____

3. List treatment method(s) used for the outfall:

_____

_____

4. Describe the process by which the wastewater is derived.

_____

_____

_____

_____

5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

_____

_____

6. Are any corrosion inhibitors used? If yes, provide the name, quantity, and frequency of use. Attach the MSDS for each agent used.

_____

_____

7. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available. See Section VI.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).

8. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

C. PROCESS WASTEWATER (cont.)

Discharge identification from 1. above: _____

9. Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each process wastewater outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Effluent Analysis**			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
Oil and Grease				
TSS				
COD				
TOC				
Ammonia (as N)				
Total Dissolved Solids (TDS)				

Is the effluent flow intermittent? ☐ Yes ☐ No

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

SECTION II - DISCHARGE INFORMATION (cont.)

D. WASHWATER - Complete this part for each washwater discharge point. Washwater includes, but is not limited to, wastewater generated from pressure or steam cleaning of equipment. Use a separate sheet for each discharge.

1. Discharge Identification (ex. Equipment Washwater - 002): _____
2. Give a brief description of the location of the washwater outfall. For example, Outfall 002 is located on the northeast corner of the facility. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____
3. List treatment method(s) used for the outfall:

   _____

   _____
4. Identify the type of equipment washed and whether it is internal or external cleaning:

   _____

   _____
5. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

   _____

   _____
6. Are any soaps, detergents and/or solvents used for cleaning? If yes, provide the name, quantity, and frequency of use. Attach the MSDS for each agent used.

   _____

   _____
7. Are any corrosion inhibitors used? If yes, provide the name, quantity, and frequency of use. Attach the MSDS for each agent used.

   _____

   _____
8. Indicate how wastewaters listed in 1-5 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available. See Section VI.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).
9. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

D. WASHWATER (cont.)

Discharge identification from 1. above: _____

10. Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each washwater outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Effluent Analysis**			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
Oil and Grease				
TSS				
COD				
TOC				

Is the effluent flow intermittent? ☐ Yes ☐ No

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

SECTION II – DISCHARGE INFORMATION (cont.)

E. SANITARY WASTEWATER

If sanitary wastewater is not discharged to surface waters, please indicate the disposal method:

☐ Individual treatment system discharged through a septic tank to underground absorption lines

If checked, Is there an overflow pipe? ☐ Yes ☐ No

☐ Connection to Publicly Owned Treatment Works

☐ Connection to Privately Owned Treatment Works

☐ Other, please specify: _____

For sanitary wastewater discharges to surface waters, please provide the following information for each outfall.

1. Discharge Identification (ex. Sanitary Outfall 003): _____

2. Give a brief description of the location of the sanitary outfall. For example, Outfall 002 consists of sanitary wastewater from the front office and is located on the east side of the facility.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

   _____

   _____

5. Receiving Waters: Indicate how wastewaters listed in 1-4 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available. See Section VI.

   By _____(effluent pipe, ditch, etc.);

   thence into_____(Parish drainage ditch, canal, etc.);

   thence into_____(named bayou, creek, stream, etc.);

   thence into_____(river, lake, etc.).

6. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

E. SANITARY WASTEWATER (cont.)

Discharge identification from 1. above: _____

7. Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each sanitary wastewater outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
TSS				
Ammonia (as N)				
Oil and Grease*				
Total Residual Chlorine (if chlorine used)				
Fecal Coliform (cols/100ml)				

Is the effluent flow intermittent? ☐ Yes ☐ No

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

* Lab analysis for Oil and Grease is only required if the facility's operations involve food preparation.

SECTION II – DISCHARGE INFORMATION (cont.)

F. OTHER WASTEWATERS

Complete this part for each wastewater discharge point that is not applicable to Parts C, D, and E of this Section. Use a separate sheet for each discharge.

1. Discharge Identification (ex. Boiler Blowdown 004): _____

2. Give a brief description of the location of the wastewater outfall and the area the wastewater originates from. For example, Outfall 004 consist of boiler blowdown and is located on the northeast corner of the facility.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

   _____

   _____

5. Receiving Waters: Indicate how wastewaters listed in 1-4 above reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available. See Section VI.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).

6. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

F. OTHER WASTEWATERS (cont.)

Discharge identification from 1. above: _____

7. Lab Analysis- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each other wastewater outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Effluent Analysis**			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
Oil and Grease				
TSS				
COD				
TOC				

Is the effluent flow intermittent? ☐ Yes ☐ No

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

SECTION III – ADDITIONAL LABORATORY ANALYSIS

A. Industrial Category.

Primary Industrial Category. Please check the primary industrial category applicable to your facility. IF ANY OF YOUR PROCESSES FALL INTO ONE OF THE BELOW CATEGORIES, YOU MUST COMPLETE ATTACHMENT A.

✓	Primary Industry Category	Volatile	Acid	Base/Neutr	Pesticide/PCB
	Adhesives and Sealant	×	×	×	
	Aluminum Forming	×	×	×	
	Auto and Other Laundries	×	×	×	×
	Battery Manufacturing	×		×	
	Coil Coating	×	×	×	
	Copper Forming	×	×	×	
	Electrical and Electronic Components	×	×	×	×
	Electroplating	×	×	×	
	Leather Tanning and Finishing	×	×	×	
	Mechanical Products Manufacturing	×	×	×	
	Paint and Ink Formulation	×	×	×	
	Pharmaceutical Preparations	×	×	×	
	Photographic Equipment and Supplies	×	×	×	
	Plastics Processing	×			
	Plastic and Synthetic Materials	×	×	×	×
	Porcelain Enameling				
	Printing and Publishing	×	×	×	×
	Textile Mills (Subpart C is exempt)	×	×	×	

☐ **Check here if none of the Primary Industrial Categories above are applicable to your facility.**

IF NONE OF YOUR PROCESSES BELONG IN ANY OF THE ABOVE CATEGORIES, GO TO ITEM B. BELOW

B. Laboratory Accreditation

If any of the analysis reported above were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at:

http://www.deq.louisiana.gov/portal/tabid/72/Default.aspx

Questions concerning the program may be directed to (225) 219-9800.

SECTION IV – COMPLIANCE HISTORY

Report the history of all violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

SECTION V – LAC 33.I.1701 REQUIREMENTS

A. Does the company or owner have federal or state environmental permits in other states that are either identical to or similar in nature to, the permit for which you are applying? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ Permits in Louisiana. List Permit Numbers: _____
(include all media)

☐ Permits in other states (list states): _____

☐ No other environmental permits.

B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No

If yes, please explain. _____

_____

C. Is your company a corporation or limited liability company? ☐ Yes ☐ No

If yes, is the corporation or LLC registered with the Secretary of State? ☐ Yes ☐ No

SECTION VI – MAPS/DIAGRAMS

A. Site Diagram. Attach to this application a complete site diagram of your facility showing the boundaries of your facility, the location of all buildings and/or storage areas, the location of treatment units (such as settling basins, oxidation ponds, sewage treatment plants, oil/water separators), and demonstrate how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram. The diagram does not need to be drawn to scale.

B. Topographic Map. Attach to this application a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures, and any existing hazardous waste treatment storage or disposal facilities.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at http://map.deq.state.la.us/ or www.topozone.com. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70804-9245
(225) 379-1232

maps@dotd.louisiana.gov

C. Flow Diagram. Attach a line drawing of the water flow through the facility with a water balance showing operations contributing wastewater to the effluent and treatment units. The water balance must show average and maximum flows at intake and discharge points and between units, including treatment units. If a water balance cannot be determined, the applicant may provide instead a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. Hand drawn diagrams are acceptable.

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

A. All permit applications shall be signed as follows:
   1. For a corporation – by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:

      (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or

      (b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

   2. For a partnership or sole proprietorship – by a general partner or the proprietor, respectively; or

   3. For a municipality, parish, State, Federal or other public agency – either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:

      (a) The chief executive officer of the agency, or

      (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:

   1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.

   2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and

   3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state APPLICATION must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

> "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

The applicant for this permit hereby authorizes the Department of Environmental Quality to publish the public notice for a draft permit once in the appropriate newspaper(s). In accordance with LAC 33:IX.6521.A, the applicant agrees to be responsible for the cost of publication. The newspaper(s) is authorized to invoice the applicant directly.

Signature _____

Printed Name _____

Title _____

Company _____

Date _____

Telephone _____

CHECKLIST

To prevent any unnecessary delay in the processing of your application, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and one copy of this application and all attachments.

ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE WATER PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

A. Lab Analysis.

Complete this section for **each** outfall. Make additional copies of the attached tables as necessary.

Sampling and analytical protocols must conform to the requirements in LAC 33:IX.Chapters 25, LAC 33:IX.7107, and 40 CFR Part 136. When no analytical method is approved, the applicant may use any suitable method but must provide a description of the method.

Analytical Tables Attached in this Application

I Conventional and Nonconventional Pollutants
II Other Toxic Pollutants (Metals and Cyanide) and Total Phenols
III Organic Toxic Pollutants in Each of the Four Fractions in Analysis by Gas Chromatography/Mass Spectroscopy (GS/MS)
IV Additional Conventional and Nonconventional Pollutants
V Toxic Pollutants and Hazardous Substances
VI Dioxins
VII Other (as Needed)

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

Are you requesting a waiver for any Table I parameters in accordance with LAC 33:IX.2501.G.7.d?

☐ Yes ☐ No

If you are requesting a waiver, please provide a list of parameters and the justification for each.

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

Analytical Requirements Per LAC 33:IX.2501.G.7 and LAC 33:IX.2511.C.1

For all wastestreams excluding stormwater: Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform, and fecal streptococcus. For all other pollutants 24-hour composite samples must be used.

For stormwater: Grab sample taken in first 30 minutes of flow for all parameters. Additionally, composite samples are required for all parameters except: pH, temperature, cyanide, total phenols, oil & grease, fecal coliform and fecal streptococcus. Indicate grab sample or composite on each table. Make additional copies as needed.

B. Manufacturing, Commercial, Mining, and Silvicultural Facilities With Operations Included on the Primary Industrial Category List Located at Section III
N/A is only acceptable if this outfall is associated with a new unit or has not discharged in the past year.

1. Outfalls Containing Process Wastewater **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**

   a. Tables I & II – Quantitative data is **REQUIRED** for **ALL** Pollutants in these tables.
   b. Table III - Quantitative data is **REQUIRED** for **ALL** Pollutants under the appropriate fractions as listed in the table under Section III.
   c. Tables IV & VI – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in these tables are present. If believed present, then quantitative data is required to be submitted.
   d. Table V – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
   e. Table VII – Not Required

2. Outfalls Containing Non-Process and Miscellaneous Discharges That Are Not Commingled with Stormwater Runoff **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**

   a. Table I – Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, then quantitative data is required to be submitted.
   c. Tables II, III, V, VI, & VII – Not Required

3. Outfalls Containing Sanitary Wastewater **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**

   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV – Quantitative data is Required for Fecal Coliform.
   c. Tables II, III, V, VI, & VII – Not Required

4. Outfalls Containing Stormwater Runoff, Including Those Outfalls Mixed With Other Non-Process Wastewaters and/or Miscellaneous Discharges **(N/A is only acceptable if a qualifying rain event has not occurred timely. However, you will be required to supply this data after the first qualifying rain event.)**

   a. Tables I – Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Quantitative data is Required for Total Phosphorus, Total Kjeldahl Nitrogen, and Nitrate-Nitrite. Additionally, the permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, then quantitative data is required to be submitted.
   c. Tables II, III, & VI – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in these tables are present. If believed present, then quantitative data is required to be submitted.
   d. Table V – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
   e. Table VII – As Needed (*)
      (*) The permittee is required to submit quantitative data for any pollutant limited in an effluent guideline to which the facility is subject and/or any pollutant listed in the facility's LPDES permit for its process wastewater (if operating under an existing permit) and not already listed in Tables I-VI.

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

Analytical Requirements Per LAC 33:IX.2501.H.4 and LAC 33:IX.2511.C.1

For all wastestreams excluding stormwater: Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform, and fecal streptococcus. For all other pollutants 24-hour composite samples must be used.

For stormwater: Grab sample taken in first 30 minutes of flow for all parameters. Additionally, composite samples are required for all parameters except: pH, temperature, cyanide, total phenols, oil & grease, fecal coliform and fecal streptococcus. Indicate grab sample or composite on each table. Make additional copies as needed.

C. Existing Manufacturing, Commercial, Mining, and Silvicultural Facilities That DO NOT Have 1 or More Operations Identified in the Primary Industrial Category List Located at Section III

1. Outfalls Containing Process Wastewater **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**
   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Tables II, III, IV, & VI – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in these tables are present. If believed present, then quantitative data is required to be submitted.
   c. Table V – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
   d. Table VII – Not Required

2. Outfalls Containing Non-Process and Miscellaneous Discharges That Are Not Commingled with Stormwater Runoff **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**
   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Quantitative data is Required for Total Residual Chlorine (if noncontact cooling water is or will be discharged). Permittee must also indicate whether it knows or has reason to believe that any of the other pollutants in this table are present. If believed present, then quantitative data is required to be submitted.
   c. Tables II, III, V, VI, & VII – Not Required

3. Outfalls Containing Sanitary Wastewater **(N/A is only acceptable if this outfall is associated with a new unit, or has not discharged in the past year.)**
   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Quantitative data is Required for Fecal Coliform.
   c. Tables II, III, V, VI, & VII – Not Required

4. Outfalls Containing Stormwater Runoff, Including Those Outfalls Mixed With Other Non-Process Wastewaters and/or Miscellaneous Discharges **(N/A is only acceptable if a qualifying rain event has not occurred timely. However, you will be required to supply this data after the first qualifying rain event.)**
   a. Table I - Quantitative data is **REQUIRED** for **ALL** Pollutants in this table.
   b. Table IV - Quantitative data is Required for Total Phosphorus, Total Kjeldahl Nitrogen, Nitrate-Nitrite, and Total Residual Chlorine (if noncontact cooling water is or will be discharged). Additionally, the permittee must indicate whether it knows or has reason to believe that any of the other pollutants in this table are present. If believed present, then quantitative data is required to be submitted.
   c. Tables II, III, & VI – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in these tables are present. If believed present, then quantitative data is required to be submitted.
   d. Table V – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
   e. Table VII – As Needed (*)
      (*) The permittee is required to submit quantitative data for any pollutant limited in an effluent guideline to which the facility is subject and/or any pollutant listed in the facility's LPDES permit for its process wastewater (if operating under an existing permit) and not already included in Tables I-VI.

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

D. New Source Discharger - Manufacturing, Commercial, Mining, and Silvicultural Facilities That DO NOT Have 1 or More Operations Identified in the Primary Industrial Category List Located at Section III

For all wastestreams excluding stormwater: Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform, and fecal streptococcus. For all other pollutants 24-hour composite samples must be used.

For stormwater: Grab sample taken in first 30 minutes of flow for all parameters. Additionally, composite samples are required for all parameters except: pH, temperature, cyanide, total phenols, oil & grease, fecal coliform and fecal streptococcus. Indicate grab sample or composite on each table. Make additional copies as needed.

ALL OUTFALLS

a. Table I - Quantitative data or estimated data using Best Engineering Judgment is **REQUIRED** for **ALL** Pollutants in this table. If this is not possible, **N/A** is acceptable.
b. Tables II, III, IV, V, VI & VII – Not Required

Additional Information for New Source Dischargers discharging process wastewater.

1. **Engineering Report.**
Are there any technical evaluations concerning your wastewater treatment system, including engineering reports or pilot plant studies?

2. **Similar Operations.**
Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this facility with respect to processes, wastewater constituents, or wastewater treatment.

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE I:

CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	EFFLUENT ANALYSIS						UNITS	
	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE			
	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS
BOD_5								
COD								
TOC								
Oil & Grease								
Ammonia (as N)								
Total Suspended Solids (TSS)								
Total Dissolved Solids (TDS)								
Hardness as $CaCo_3$								
Flow	Value		Value		Value			
Temperature (winter) °F	Value		Value		Value		DEGREES FARENHEIT	
Temperature (summer) °F	Value		Value		Value		DEGREES FARENHEIT	
pH (SU)	Minimum	Maximum	Minimum	Maximum			STANDARD UNITS	

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE II:

OTHER TOXIC POLLUTANTS (METALS AND CYANIDE) AND TOTAL PHENOLS

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Antimony, Total				60								
Arsenic, Total				10								
Beryllium, Total				0.5								
Cadmium, Total				1								
Chromium, Total				10								
Copper, Total				10								
Lead, Total				5								
Mercury, Total				0.005								
Nickel, Total [Marine]				5								
Nickel, Total [Freshwater]				40								
Selenium, Total				5								
Silver, Total				0.5								
Thallium, Total				0.5								
Zinc, Total				20								
Cyanide, Total				10								
Phenols, Total				5								

(*) Minimum Quantification Level (MQL)

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
VOLATILE ORGANIC CHEMICALS – EPA METHOD 624 SUGGESTED												
acrolein				50								
acrylonitrile				20								
benzene				10								
bromoform				10								
carbon tetrachloride				2								
chlorobenzene				10								
chlorodibromomethane				10								
chloroethane				50								
2-chloroethylvinyl ether				10								
chloroform				10								
dichlorobromomethane				10								
1,1-dichloroethane				10								
1,2-dichloroethane				10								
1,1-dichloroethylene				10								
1,2-dichloropropane				10								
1,3-Dichloropropylene				10								
ethylbenzene				10								
methyl bromide				50								
methyl chloride				50								
methylene chloride				20								
1,1,2,2-tetrachloroethane				10								
tetrachloroethylene				10								
toluene				10								
1,2-trans-dichloroethylene				10								
1,1,1-trichloroethane				10								
1,1,2-trichloroethane				10								
trichloroethene (trichloroethylene)				10								

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
vinyl chloride (chloroethylene)				10								
ACID EXTRACTABLE ORGANIC CHEMICAL – EPA METHOD 625 SUGGESTED												
2-chlorophenol				10								
2,4-dichlorophenol				10								
2,4-dimethylphenol				10								
2,4-dinitrophenol				50								
2-methyl 4,6-dinitrophenol (4,6-dinitro-o-cresol)				50								
2-nitrophenol				20								
4-nitrophenol				50								
4-chloro-3-methylphenol (p-chloro-m-cresol)				10								
pentachlorophenol				5								
phenol				10								
2,4,6-trichlorophenol				10								
BASE/NEUTRAL EXTRACTABLE ORGANIC CHEMICALS – EPA METHOD 625 SUGGESTED												
acenaphthene				10								
acenaphthylene				10								
anthracene				10								
benzidine				50								
benzo(a)anthracene				5								
benzo(a)pyrene				5								
3,4-benzo fluoranthene				10								
benzo(ghi)perylene				20								
benzo(k)fluoranthene				5								
bis(2-chloroethoxy)methane				10								
bis(2-chloroethyl)ether				10								
bis(2-chloroisopropyl)ether				10								
bis(2-ethylhexyl)phthalate				10								
4-bromophenyl phenyl ether				10								

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
butylbenzyl phthalate				10								
2-chloronaphthalene				10								
4-chlorophenyl phenyl ether				10								
chrysene				5								
dibenzo(a,h)anthracene				5								
3,3'-dichlorobenzidine				5								
diethyl phthalate				10								
dimethyl phthalate				10								
di-n-butyl phthalate				10								
2,4-dinitrotoluene				10								
2,6-dinitrotoluene				10								
di-n-octyl phthalate				10								
1,2-diphenylhydrazine (as azobenzene)				20								
fluoranthene				10								
fluorene				10								
hexachlorobenzene				5								
hexachlorobutadiene				10								
hexachlorocyclopentadiene				10								
hexachloroethane				20								
indeno(1,2,3-cd)pyrene				5								
isophorone				10								
naphthalene				10								
nitrobenzene				10								
N-nitrosodimethylamine				50								
N-nitrosodi-n-propylamine				20								
N-nitrosodiphenylamine				20								
phenanthrene				10								
pyrene				10								
1,2,4-trichlorobenzene				10								

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
PESTICIDES & PCBs – EPA METHOD 608 REQUIRED												
aldrin				0.01								
Aroclor 1016 (PCB-1016)				0.2								
Aroclor 1221 (PCB-1221)				0.2								
Aroclor 1232 (PCB-1232)				0.2								
Aroclor 1242 (PCB-1242)				0.2								
Aroclor 1248 (PCB-1248)				0.2								
Aroclor 1254 (PCB-1254)				0.2								
Aroclor 1260 (PCB-1260)				0.2								
alpha-BHC				0.05								
beta-BHC				0.05								
delta-BHC				0.05								
gamma-BHC				0.05								
chlordane				0.2								
4,4'DDT				0.02								
4,4'DDE				0.1								
4,4'DDD				0.1								
dieldrin				0.02								
alpha-endosulfan				0.01								
beta-endosulfan				0.02								
endosulfan sulfate				0.1								
endrin				0.02								
endrin aldehyde				0.1								
heptachlor				0.01								
heptachlor epoxide				0.01								

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Toxaphene				0.3								

(*) Minimum Quantification Level (MQL)

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE IV:

ADDITIONAL CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS												
Bromide				---								
Chlorine, Total Residual				---								
Color				---								
Fecal Coliform (cols/100ml)				---								
Fluoride				---								
Kjeldahl Nitrogen, Total				---								
Nitrate-Nitrite				---								
Nitrogen, Total Organic				---								
Phosphorus, Total				---								
Radioactivity				---								
Sulfate				---								
Sulfide				---								
Sulfite				---								
Surfactants				---								
Aluminum, Total				---								
Barium, Total				---								
Boron, Total				---								
Cobalt, Total				---								
Iron, Total				---								
Magnesium, Total				---								
Manganese, Total				---								
Molybdenum				---								
Tin, Total				---								
Titanium, Total				---								

(*) Minimum Quantification Level (MQL)

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE V:

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES												
Asbestos				---								
HAZARDOUS SUBSTANCES												
Acetaldehyde				---								
Allyl alcohol				---								
Allyl chloride				---								
Amyl acetate				---								
Aniline				---								
Benzonitrile				---								
Benzyl chloride				---								
Butyl acetate				---								
Butylamine				---								
Captan				---								
Carbaryl				---								
Carbofuran				---								
Carbon disulfide				---								
Chlorpyrifos				---								
Coumaphos				---								
Cresol				---								
Crotonaldehyde				---								
Cyclohexane				---								
2,4-D (2,4-Dichlorophenoxy acetic acid)				---								
Diazinon				---								
Dicamba				---								
Dichlobenil				---								
Dichlone				---								
2,2-Dichloropropionic acid				---								
Dichlorvos				---								

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE V:

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Diethyl amine				---								
Dimethyl Amine				---								
Dinitrobenzene				---								
Diquat				---								
Disulfoton				---								
Diuron				---								
Epichlorohydrin				---								
Ethion				---								
Ethylene diamine				---								
Ethylene dibromide				---								
Formaldehyde				---								
Furfural				---								
Guthion				---								
Isoprene				---								
Isopropanolamine Dodecylbenzenesulfonate				---								
Kelthane				---								
Kepone				---								
Malathion				---								
Mercaptodimethur				---								
Methoxychlor				---								
Methyl mercaptan				---								
Methyl methacrylate				---								
Methyl parathion				---								
Mevinphos				---								
Mexacarbate				---								
Monoethyl amine				---								
Monomethyl amine				---								
Naled				---								

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE V:

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Napthenic acid				---								
Nitrotoluene				---								
Parathion				---								
Phenolsulfanate				---								
Phosgene				---								
Propargite				---								
Propylene oxide				---								
Pyrethrins				---								
Quinoline				---								
Resorcinol				---								
Strontium				---								
Strychnine				---								
Styrene				---								
2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)				---								
TDE (Tetrachlorodiphenylethane)				---								
2,4,5-TP[2-(2,4,5-Trichlorophenoxy) propanoic acid]				---								
Trichlorfon				---								
Triethanolamine Dodecylbenzenesulfonate				---								
Triethylamine				---								
Trimethylamine				---								
Uranium				---								
Vanadium				---								
Vinyl Acetate				---								

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE V:

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

OUTFALL NUMBER

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Xylene				---								
Xylenol				---								
Zirconium				---								

(*) Minimum Quantification Level (MQL)

ATTACHMENT A – ADDITIONAL LABORATORY ANALYSIS

TABLE VI:

OUTFALL NUMBER

DIOXINS

YOU ARE REQUIRED TO REPORT QUALITATIVE DATA , GENERATED USING A SCREENING PROCEDURE NOT CALIBRATED WITH ANALYTICAL STANDARDS FOR THE FOLLOWING PARAMETER IF IT USES OR MANUFACTURES 2,4,5-TRICHLOROPHENOXY ACETIC ACID (2,4,5,-T); 2-(2,4,5-TRICHLOROPHENOXY) PROPANOIC ACID (SILVEX, 2,4,5,-TP); 2-(2,4,5 TRICHLOROPHENOXY) ETHYL, 2,2-DICHLOROPROPIONATE (ERBON); O,O-DIMETHYL O-(2,4,5-TRICHLOROPHENYL) PHOSPHOROTHIOATE (RONNEL); 2,4,5-TRICHLOROPHENOL (TCP); or HEXACHLOROPHENE (HCP); OR IF YOU KNOW OR HAVE REASON TO BELIEVE THAT TCDD IS OR MAY BE PRESENT IN AN EFFLUENT

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
2,3,7,8-tetrachlorobenzo-p-dioxin (TCDD)				0.00001								

(*) Minimum Quantification Level (MQL)